

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # **10521657**

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$ -
Amendment			\$ -
Extension of Time			\$ -
Notice of Appeal/Appeal			\$ -
Petition			\$ -
Issue			\$ -
Cert of Correction/Terminal Disc.			\$ -
Maintenance			\$ -
Assignment			\$ -
Other			\$ -

7 TOTAL AMOUNT OF REFUND

\$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 --

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____

PHONE: _____

OFFICE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE:

Adjustment Date: 06/30/2005 PKTINWELL
RE FC:1632 LLMANDRKA 6000000050 141270
500.00 CR 10521657

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

BEST AVAILABLE COPY